

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



June 11, 2002

ALL COUNTY LETTER NO. 02-40

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL INDEPENDENT LIVING PROGRAM
COORDINATORS

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation
Change
- ☐ Court Order
- ☐ Clarification Requested by
One or More Counties
- ☒ Initiated by CDSS

SUBJECT: **INDEPENDENT LIVING PROGRAM ANNUAL NARRATIVE REPORT FOR
FEDERAL FISCAL YEAR (FFY) 2001**

The purpose of this All-County Letter is to remind you that it is again time to complete and return the *Independent Living Program (ILP) Annual Narrative Report for FFY 2001*. This Report (required in accordance with provisions specified in the Administration on Children, Youth and Families (ACYF) Policy Interpretation ACYF-CB-PI-01-02) requests details associated with your county's ILP for FFY 2001.

The format of this Report has been changed from last year's version in order to collect additional information required by the ACYF. Due to this change, the report is being forwarded to counties later than in previous years. A copy of the Report is enclosed with this ACL for your use. An electronic copy of the Report is also available upon request from jennifer.ruoff@dss.ca.gov.

July 6, 2002 is the due date for the California Department of Social Services to receive your county's Report at either of the following two addresses:

**California Department of Social Services
Independent Living Program Policy Unit
Attention: Jennifer Ruoff
744 P Street, M.S. 19-70
Sacramento, California 95814
or,
jennifer.ruoff@dss.ca.gov**

Thank you for your cooperation in completing this Report. If you have any questions regarding this letter, please contact Jennifer Ruoff at (916) 324-1325.

Sincerely,

Original Signed By

SYLVIA PIZZINI
Deputy Director
Children and Family Services Division

Instructions

This report requests information regarding your county's Independent Living Program (ILP) and Emancipation Program for the Federal Fiscal Year (FFY) 2001. County staff are responsible for the provision of information being requested. When completing this report we advise that ILP Coordinators work closely with County Probation to make certain accurate information is provided. Please ensure that all questions are answered as completely as possible and returned to our office no later than **July 6, 2002**.

In accordance with the provisions of the U.S. Department of Health and Human Services, Administration on Children, Youth and Families (ACYF), Program Instruction ACYF-CB-PI-01-02 requirements, the information you provide is included in California's Title IV-E Annual Progress and Services Report.

Return the completed report to one of the following addresses no later than the due date:

**California Department of Social Services
Independent Living Program Policy Unit
Attention: Jennifer Ruoff
744 P Street, M.S. 19-70
Sacramento, CA 95814
or,
jennifer.ruoff@dss.ca.gov**

As you complete this report refer to the Definitions on page *ii* as needed. If you have questions or require clarification related to the information being requested contact statewide Independent Living Program coordinators: Lindsay Farris at (916) 327-9059, or Daniel Walker at (916) 323-9705.

If you want to receive this document as a fill-in Word document, either via email or mailed on disk, contact Jennifer Ruoff at jennifer.ruoff@dss.ca.gov or (916) 324-1325.

This report is divided into three sections:

- Narrative
- Statistical Information
- Budget Expenditures

The format of this report has been changed from last year's in order to collect additional information required by the ACYF. You will note that several questions are repeated throughout the report. The questions are arranged to obtain answers related to the provision of ILP and Emancipation services and the same or similar information is required for both programs.

Please answer the questions contained in each section as thoroughly as possible. If you require more space to answer these questions you may submit additional sheets as addendum or request a fill-in Word document.

Definitions

Contracted Services: Services provided based on a written agreement between a county and another entity (governmental or non-governmental).

Eligible Foster Youth: For the purposes of this report, Eligible Foster Youth shall include Child Welfare and Foster/Probation Youth for which your county has jurisdiction, under Welfare and Institutions Code Section 300 or 600 et. seq., whether residing in-county or placed out-of-county.

Aftercare Services: Those support services for emancipated youth that have not yet attained 21 years of age, which include, but are not limited to, education assistance and counseling, job placement and retention training, vocational training, crisis counseling, legal assistance, housing assistance, emergency assistance, and any other service/activity directly related to aftercare for the foster/probation youth.

Emancipated Youth: Emancipated youth, for the purposes of this report, are former foster youth that were in care after age 16.

Emancipated Youth Stipends: Are 100 percent State General Fund and are a separate source of funds from a county's ILP allocation. Emancipated Youth Stipends are used to address the special needs of emancipated foster youth. Any Emancipated Youth Stipend expenditures paid in excess of a county's Emancipated Youth Stipend allocation will be a county-only cost.

Federal Fiscal Year (FFY): FY beginning on October 1, and ending on September 30.

Health: Health-related activities/services/classes for foster/probation youth in ILP or emancipated youth receiving aftercare. Health-related activities/services/classes include health insurance, medical emergencies, home health and safety management, nutrition, family planning, parenting skills, sexuality and sexual behavior, drug/alcohol/smoking use, prenatal drug/alcohol exposure, eating disorders, hygiene and personal care, and any other activities/services/classes directly related to the health of the foster/probation youth.

ILP Activities: Utilization of the Transitional Independent Living Plan (TILP) goals, such as assistance in obtaining a high school diploma and pursuing post secondary education, career exploration, employment development, vocational training, job placement and retention, daily living skills, including financial management and budgeting, consumer and resource use, self development and

survival skills, preventive health and safety activities including substance abuse, pregnancy prevention, nutrition, smoking prevention and/or cessation, personal and emotional support through counseling and mentors, transitional housing experiences including the Transitional Housing Placement Program (THPP) and household management training.

Incentives: Reasonable rewards, as documented in the TILP, utilized to motivate youth to participate in and successfully complete independent living training.

Room & Board: Food purchases; payment of rental deposits and/or utility deposits; payment of rent and/or utility bills; emergency assistance (a county's interpretation) for eligible emancipated youth, who are at least 18 years of age, but have not yet attained 21 years of age.

A county may spend less than, but cannot exceed, 30 percent of the total of their ILP allocation for the room and board needs.

Transitional Independent Living Plan (TILP): Refers to the TILP in the CWS/CMS application, which is the required emancipation preparation document described in MPP Division 31.206.37 and 31.525 that describes the specific skills acquired and needed by foster youth in order to transition successfully.

Transportation Assistance: Any and/or all transportation costs associated with ILP. Costs may include, but are not limited to, transporting children to and from court proceedings, medical appointments/services, sibling visitation, or costs directly related to work, training, or education.

Transitional Housing Placement Program (THPP): For the purpose of this report THPP is defined as a CDSS Community Care Licensing Division licensed foster care facility type as described in Welfare and Institutions Code Section 16522 et. seq... which provides real-life independent living experiences for foster/probation youth who are ILP participants and 17 but not more than 18 years old unless the requirements of WIC section 11403 are met.

Work-Related Activities/Expense: Work and training-related costs incurred by the ILP participants. Costs may include, but are not limited to, work uniforms, training, tools, books and union dues.

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County Independent Living Program Annual Report Federal Fiscal Year (FFY) 2001

Report Information

Name of County: _____

County personnel responsible for this report:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of person(s) completing the (Narrative):

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of person (s) completing the (Accounting of Funding Allocation):

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Manager/Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Aftercare Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Transitional Housing Placement Program (THPP) Administrator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

Name of ILP Coordinator:

Name:	Title:
Name of Agency:	
Mailing Address:	Street Address (if different):
E-mail:	Phone: () - x.
Fax Number: () -	Other: () -

NARRATIVE**Part I - ILP Description****A. ILP Description**

1. Describe the age groups your county ILP serves.
2. Describe how your ILP has been designed to help eligible foster youth make the transition to self-sufficiency.
3. Describe how your program assures that the participants recognize and accept their personal responsibility for preparing for and then making the transition for adolescence to adulthood.
4. Describe any ILP enhancements that resulted in greater numbers of eligible foster youth receiving ILP services over the past FY.

B. ILP Participant Assessment

1. What assessment tool(s) does your county utilize to assess the needs and strengths of each eligible foster youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the assessments?

C. ILP Transitional Independent Living Plan (TILP) Implementation

1. Who implements the TILP?
2. When is the TILP implemented?
3. How is the TILP implemented?
4. Do you utilize the TILP in the CWS/CMS application?
Yes ☐, No ☐
a) If no, why?

5. How often are TILPs updated and by whom?
6. How is information provided to the social worker/probation officer for updating and implementing the TILP?
7. When independent living services are determined not appropriate for the youth:
 - a) How is this information incorporated into the case plan and the TILP?
 - b) How often are re-determinations made for the appropriateness of services?
 - c) How are the TILP goals achieved for non-ILP participants?

D. ILP Program Access

1. How do eligible foster youth access ILP services?
2. Does your county have waiting lists for ILP participation, activities or services?
 - a) If yes to any of the above describe each activity, reason for and efforts being taken to eliminated the wait.
3. How does your county assure equitable access to ILP services for all age appropriate eligible foster youth?
4. How are youth that previously refused ILP services being encouraged to participate?
5. If the process for delivering and/or assessing the need for services is different based on type of jurisdiction, type of placement or residence, describe each process.

E. ILP Services

1. Describe how you provide specific ILP services to assist eligible foster youth to obtain educational or vocational goals (examples: High School, Post High School, Vocational training etc.)

2. How do you provide specific ILP services for eligible foster youth to teach career and employment development and Job experiences? (Examples: resume development, Job search, transportation needs, On the Job experiences, job placement and retention, community services activities, apprenticeship, internship, computer/internet skills etc)
3. Describe specific ILP services provided to eligible foster youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: household management training, consumer budgeting personal/ social self-development skills etc.)
4. Describe ILP services that provide mentoring for eligible foster youth. (Examples; Americorp, Job Corp, etc.)
5. Describe ILP services provided to ILP Foster youth that will assist with transportation needs. (Example: Drivers Education Training etc.)
6. Describe ILP, which provide eligible foster youth with health and safety activities. (Examples, smoking avoidance, substance abuse prevention, Mental health referrals, nutrition education, and avoidance of incarceration)
7. Do youth have a personal savings account (not including ILP Savings Account)?
Yes ☐, No ☐
8. Do youth have an ILP Savings Account?
Yes ☐, No ☐

a) If no, why?
9. Describe your collaboration efforts for ILP with other organizations. (Examples, other county organizations, private non profits, foundations, associations, other state of California Departments, Community based organizations, private employers, Faith Based, community college and/or Universities.)
10. Describe your collaboration efforts for ILP with California Indian Tribes.

F. ILP Evaluation

1. How do you evaluate the effectiveness of your ILP program.

2. Describe any ILP enhancements, new programs, protocols or services you have implemented for your ILP during the FY.

Part II – ILP Aftercare

A. ILP Aftercare Program Description

1. Describe your ILP aftercare program.
2. Does your ILP aftercare program include services for emancipated youth whose final dependency/wardship was of another county?
Yes ☐, No ☐

B. ILP Aftercare Assessment

1. What types of assessment tool(s) does your county utilize to assess the needs and strengths of emancipated youth? (Examples: Ansell-Casey Life Skills, Daniel Memorial, Community College Foundation, etc.)
2. If your county has developed an assessment tool(s), provide a brief description.
3. Who conducts the aftercare assessment?

C. ILP Aftercare Access

1. Describe how emancipated youth access ILP aftercare services.
2. Describe your process for referring and verifying that eligibility has been determined for emancipated youth in the Former Foster Youth Medi-Cal Program.

D. ILP Aftercare Services

1. Describe how you provide ILP aftercare services to assist emancipated youth to obtain their educational or vocational goals (Examples: High School, post High School, vocational training etc.)
2. How do you provide specific ILP aftercare services for emancipated youth to teach career and employment development skills and job experiences? (Examples: resume development, job search, transportation needs, on-the-job experiences, job placement and retention, community services activities, apprenticeships, internships, computer/Internet skills, etc.)

3. Describe specific ILP aftercare services provided to emancipated youth that would enable them to increase their knowledge and skills for successful daily independent living. (Examples: Household management training, assistance with locating safe and affordable housing, consumer budgeting, interpersonal/social and self-development skills, etc.)
4. Describe ILP aftercare services that provide mentoring for emancipated youth (Examples: Americorp, Job Corp, etc.)
5. Describe ILP services provided to emancipated youth that would assist with transportation needs. (examples: Drivers education training)
6. Describe ILP services, which provide emancipated youth with health and safety activities. (Examples: smoking avoidance, substance abuse prevention, pregnancy prevention, access to the former foster youth Medi-Cal program, mental health referral, nutrition education, and avoidance of incarceration)
7. Do your emancipated youth have personal savings accounts?
Yes ☐, No
8. Does your county refer youth to Social Security Administration for SSI benefits?
Yes ☐, No
9. Does your county have housing programs and/or services for emancipated youth?
Yes ☐, No ☐
 - a) If yes, describe those programs and/or services:

E. ILP Aftercare Evaluation

1. How do you evaluate the effectiveness of your ILP aftercare program?

Part III - Transitional Housing Placement Program (THPP)**A. THPP Program Description**

1. Did your county have an approved THPP plan during the FY year?
☐ Yes, ☐ No
2. Did your county have licensed THPP providers during the FY year?
☐ Yes, ☐ No
 - a) If yes, attach a list of provider names, addresses.

B. THPP Participant Assessment

1. Describe how the TILP is used to assess the needs of THPP participants.

C. THPP Access

1. Describe your county's protocol for informing foster/probation youth of and referring youth to THPP?
2. Do you have a THPP waiting list?
Yes ☐, No ☐

D. THPP Services

1. Describe the protocol for providing services for THPP participants.

E. THPP Evaluation:

1. Describe the protocol for evaluating the effectiveness of the THPP and how changes are made to better meet the needs of the individual THPP participants.

Statistical Information**Part IV – Outcomes for Emancipated Foster Youth**

Emancipated Foster Youth Statistical Data	
1. How many youth were discharged from foster/probation during the reporting period?	1.
2. How many youth received aftercare services during the reporting period?	2.
3. How many youth in question 1. are counted in question 2.?	3.
4. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Were employed full-time? b. Were employed part-time? c. Were not employed? d. Were enrolled in school? e. Held a job, apprenticeship, internship, etc. for at least 3 consecutive months? f. Left or aged out?	4. a. b. c. d. e. f.
5. Besides money acquired from employment, how many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Received SSI funds? b. Received scholarship funds? c. Received stipend funds? d. Received TANF funds? e. Received support from family or spouse? f. Received Chafee room and board? g. Received other funds?	5. a. b. c. d. e. f. g.
6. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Had a personal savings account? b. Had an emancipation savings account?	6. a. b.
7. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported that they had experienced a period of time when they did not have enough money to buy food?	7.
8. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: a. Lived with family members or relatives for at least 9 of the past 12 months? b. Lived in their own housing (by themselves, with a spouse or roommate, in supervised independent living, or in a college dormitory) for at least 9 of the past 12 months? c. Had ever felt unsafe in their home or neighborhood while living in a. or b. ?	8. a. b. c.

9. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported that they had had no place to sleep or had to sleep in a shelter for at least one night during the reporting period?	9.
10. How many youth discharged from foster/probation or receiving aftercare services during the reporting period, during or prior to the reporting period: a. Received a high school diploma? b. Received a GED? c. Received an AA? d. Received a BA? e. Received a vocational certificate or license?	10. a. b. c. d. e.
11. How many youth discharged from foster/probation or receiving aftercare services during the reporting period: Were enrolled in high school? Enrolled in a post-high school vocational training or college? Had all passing grades on their most recent report cards?	11. a. b. c.
12. How many youth discharged from foster/probation or receiving aftercare services during the reporting period reported at least one adult in the community that they could go to for: a. Emotional support? b. Job/school advice or guidance?	12. a. b.
13. How many youth discharged from foster/probation or receiving aftercare services during the reporting period were known to have used illegal drugs during the reporting period?	13.
14. How many youth discharged from foster/probation or receiving aftercare services during the reporting period had been incarcerated during the reporting period?	14.
15. How many youth discharged from foster/probation or receiving aftercare services during the reporting period were parents?	15.
16. How many youth discharged from foster/probation or receiving aftercare services during the reporting period received their health/mental health records at the time of discharge from foster care?	16.
17. How many youth discharged from foster/probation or receiving aftercare services during the reporting period had health insurance during the entire reporting period?	17.
18. How many youth discharged from foster/probation or receiving aftercare services during the reporting period who require ongoing medication for maintenance of physical or medical health, reported that they knew how to access resources to continue receiving their medications?	18.

Budget Expenditures**Part V - Independent Living Program**
Accounting of Funding Allocation**Name of County:** _____**Total ILP Allocation¹:** _____**ILP Administration Expenditures²** (CDSS Program Code 182)

Administration (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Case Management (ILP)				
Salaries (Include- position, classification, FTE, PTE)				
Operating Cost				
Total Cost				

¹ Refer to County Fiscal Letter No.: 00/01-59 (Planning Augmentation for ILP for FY 00/01)

Refer to County Fiscal Letter No.: 00/01-69 (Final Augmentation to FY 00/01 ILP Allocation)

² Refer to County Fiscal Letter No.: 00/01-15 (Administrative costs of ILP limited to 20% of allocation)

Refer to County Fiscal Letter No.: 00/01-46 (Claiming Instructions for the ILP)

ILP Services Expenditures³ (CDSS Program Code 184)

Services (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Personnel Salaries (Include- position, classification, FTE, PTE)				
Education /Vocational Training				
Employment Training				
Daily Living Skills Training				
Mentoring				
Transportation				
Health and Safety Activities				
Total Cost				

³ Refer to County Fiscal Letter No.: 00/01-15 (Services costs of ILP limited to 80% of allocation)
Refer to County Fiscal Letter No.: 00/01-46 (Claiming Instructions for the ILP)

Emancipated Youth Stipend

Name of County: _____

Total EYS Allocation⁴: _____

EYS Expenditures⁵ (CDSS Program Code 111)

Stipend Needs (ILP)	Budgeted County Cost	Budgeted Contracted Cost	County Expenditures	Contracted Expenditures
Transportation Assistance				
Work Activities Expense/ Non-Assistance				
Health Related – Non-Medical				
Cost Related to the Child(ren) Of the Emancipated Youth				
Housing Assistance Services				
Emancipated Youth Aftercare Services				
Total Cost				

⁴Refer to County Fiscal Letter No.: 00/01/09 (FY 00/01 Emancipated Youth Stipends Allocation)

⁵ Refer to County Fiscal Letter No.: 00/01-46 (Claiming Instructions for the Emancipated Youth Stipends)

Refer to All County Letter No.: 00-84 (Allowable expenditures for Emancipated Youth Stipends)